## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS			
CERTIFICATE OF E		re of death	2780
1	PLACE OF DEATH		~ 4 O U
	County	No. Pile No.	8
fl	· ·	5 77 47 NO	429
	Registered No. :		T.60
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∥ .	11944 Catie la la	·	-
∥ '	A PULL NAME		*************************
l	(a) Residence. No. (Usual place of abode)		
1	ength of residence in city or town where death occurred / 7 yrs. mos.	(If nonresident give city or to	•
		ds. How long in U.S., if of fereign birth? yrs.	mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
1	SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR)	1/1/2
OL.	Mull DIVORCED (write the word)	[  <del></del>	0/0 19 13
4	will oramed	17. HEREBY_CERTIFY. That I attended decea	
5a. IF MARRIED, WIDOWED, OF DIVORCED		HEREBY CERTIFY. That I attended decea	
ļ	HUSBAND OF (OR) WIFE OF	1 2	
	My Tupfer	deals occurred, on the date stated above, at	and that
6.	DATE OF BIRTH (MONTH, DAY AND YEAR) THE 19 - 187	<u> </u>	X
t <del></del>	AGE YEARS   MONTHS   DAYS If LESS than 1	THE CAUSE OF DEATH® WAS AS FOLLOWS:	
	day,hrs.	Ato	A
	50 5 24 ar min.	Weill applicated	
	OCCUPATION OF PEGLACE	12/3	
0.	OCCUPATION OF DECEASED	100	***************************************
(a) Trade, profession, or Price e		129 (deration)	de
(b) General nature of industry.		CONTRIBUTORY Multh Plutor	estis
business, or establishment in		(SECONDARY)	
which employed (or employer)		(duration) yra	
	(c) Name of employer		
		18. WHERE WAS DISEASE CONTRACTED	
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATH	
(STATE OR COUNTRY) Wesensen		DID AN OPERATION PRECEDE DEATHI DATE OF	
}	10. NAME OF FATHER	Did an operation recede death Date of	
PARENTS	- Man Vantaer	WAS THERE AN AUTOMY?	
	11. BIRTHPLACE OF FATHED/CONY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST	/ 1
	(STATE OR COUNTRY)	1 SMINTED	0.1
	1/4 1/	(Signed)	, М. D
	12. MAIDEN NAME OF MOTHER CALLS CALL.	19 Juddress) UTY Hor	Total
	13. BIRTHPLACE OF MOTHER (CITY of TOWN)	*State the Disease Causing Drane, or in deaths from Vi	OLENT CAUSES, state
	(STATE OR SOUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accid-	ENTAL, SUICIDAL, OF
HONICIDAL. (See roverse side for additional space.)			
. 4.	INFORMANT OPENS	19. PLACE OF BURIAL, GREMATION, OR REMOVAL   D.	ATE OF BURIAL
	(Address) cuts Tropular		
15.		St Mathews 1	<u>-/3~19 23</u>
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	00	CONTRA SOL	Tremon

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## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Helath Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerpenal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipolas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements by physician.